

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
**AMENDMENT TO GRANT AGREEMENT**

<b>PROGRAM NAME:</b> Denali Commission Financial Assistance Award		<b>Grant Number:</b> 06-4-C-4897 <b>Amendment Number:</b> 2 <b>State Fiscal Year:</b> 2004	
<b>Amended Service Description: This grant is amended to revise the project budget by line item transfers</b>			
<b>Approved Grant Project Budget Period:</b> Beginning: November 28, 2003 Ending: December 31, 2005		<b>Issue Date:</b> <b>Current Award:</b> \$290,000 <b>Amended Award:</b> N/A	
2nd Year of Multi-year Duration Grant		No. of FTE Positions supported by this grant	
<b>Name and Mailing Address of Grantee</b> Heritage Place 232 Rockwell Avenue Soldotna, AK 99669		<b>Facility/Project Location:</b> Heritage Place 232 Rockwell Avenue Soldotna, AK 99669	
<b>Phone Number:</b> 907-262-2545 <b>Fax Number:</b>		<b>Email Address:</b>	

**TOTAL APPROVED GRANT PROJECT BUDGET WITH AMENDMENT**

Cost Category	THIS GRANT AWARD	All Other Grant Project Funding Sources					TOTAL PROJECT COST
		Match					
		Grant Income	Local Cash	Local In-Kind	Other	Other	
Clinical Software Hardware	80,000	0	0	0	0	0	\$80,000
Hospital Beds	54,000	0	0	0	0	0	\$54,000
Cooling Building	47,000	0	0	640,000	0	0	\$687,000
Roof Repair	70,000	0	0	0	0	0	\$70,000
Fiber Optic Connection	15,000	0	0	0	0	0	\$15,000
Carpet and Linoleum	20,000	0	0		0	0	\$20,000
Phone Install	4,000	0	0	0	0	0	\$4,000
Total Direct Expense	290,000	0	0	640,000	0	0	\$930,000
Indirect Cost	0	0	0	0	0	0	\$0
TOTAL Costs	\$290,000	\$0	\$0	\$640,000	\$0	\$0	\$930,000

Agencies expending \$500,000 or more total federal financial assistance in a fiscal year, may be required to comply with the Federal Single Audit Act. This grant contains \$290,000 in federal funds, identified by CFDA number below.

I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles of this amended agreement and all appendices and attachments.

**Name/Title of Authorized Grantee Representative:**

**Signature of Authorized Grantee Representative:**

**Date:**

**Name/Title of Authorized DHSS Representative:**

**Signature:**

**Date:**

**Summary of Funding (Dept. Use Only)**

Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
FAA 0101-DC-2003-114	FED	06-25-9-537	\$290,000	90.100		

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Grant No. 06-4-C-4897

The Alaska Department of Health & Social Services (hereinafter termed the grantor) and Heritage Place, (hereinafter termed the grantee) hereby stipulate that:

The grant agreement for grant number 06-4-C-4897 is amended by the following conditions. All other conditions of the original grant agreement remain effective for the term of the agreement.

Addressed below are the requested changes/revisions to grant # 06-4-C-4897

Transfer funds from the canceled Pyxis Envoy project budget line to form the following new budget lines:

\$54,000 For new hospital beds.

\$47,000 for a new cooling system

\$15,000 for fiber optics

\$4,000 for phone system installation

Total \$120,000 (budget for original Medication Managment System)